

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34974

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2478

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME ROBERT G. HAMILTON.

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rhoda C. Hamilton. 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased March 16 1884  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 2 If less than one day  
hr. min.

9. Birthplace California, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name John Hamilton,  
13. Birthplace unknown Canada  
(City, town, or county) (State or foreign country)  
14. Maiden name Amelia Eisenhart.  
15. Birthplace California, Missouri,  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rhoda C. Hamilton.

(b) Address 126 Plant Ave.,

17. (a) Burial (b) Date thereof Sept. 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) 9-19-48 (b) Bevil A. Shapiro  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. # 126 Plant Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18  
year 1948 hour minute 5:45 P.M.

21. I hereby certify that I attended the deceased from Aug 29  
1948, 19Sept 18, 1948  
that I last saw him alive on Sept 17, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death.  
Carcinoma of Stomach  
Carcinoma of Pancreas  
Due to 46 lb  
Due to

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings: Same  
Of operations Same  
Of autopsy Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury  
Signature John S. Stewart (M. D. or other)  
Address 4660 Maryland Date signed 9-18-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Helio Maryland.  
R.O. 5273.  
2 to 4

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**